

# Your guide to the Humana Group Medicare

Employer **PPO Plan** A Medicare Advantage Plan



**HUMANA**  
*Guidance* when you need it most

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## **Group Medicare:** Get More of What You Want

Original Medicare benefits may not provide enough for many people. That's why your organization or former employer has worked with Humana to offer you an enhanced plan.

Humana has more than 20 years' experience with Group Medicare. That experience allows us to offer a medical plan that:

- Fits your health coverage needs
- Offers benefits to boost your well-being
- Provides extra services that can enhance your life

### **Important phone numbers**

We want you to fully understand your medical coverage. If you have questions about your plan, please call our special phone number listed below. This number is dedicated to Group Medicare plan participants.

Your Group Medicare Customer Care representatives are ready to help you. Here are just a few of the matters we can help you resolve:

- Answering questions about your benefits
- Replacing ID cards
- Finding a doctor or specialist in your area
- Getting information you need to use your plan

**To reach a Customer Care representative please call:**

**Humana Group Medicare Customer Care**

**Hours of service for questions before enrollment:**

8 a.m. – 8 p.m., Monday - Friday

**Hours of service for all other questions:**

Seven days a week from 8 a.m. to 8 p.m.

Our automated phone system may answer your call after 6 p.m.,  
and on Saturdays, Sundays, and some holidays;

leave a message and we'll call back by the end of the next business day

**1-866-396-8810; TTY: 711**

Also for your convenience, the official source of  
U.S. Government Medicare information is:

**Centers for Medicare & Medicaid Services (CMS)**

24 hours a day, 7 days a week

1-800-633-4227 (1-800-MEDICARE)

TTY: 1-877-486-2048

**Medicare.gov**

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You've worked hard and earned your retirement. What's next? Time with grandchildren, volunteer activities, gardening, or catching up on your reading? With Humana, you can make the most of your health so you can focus on your life.

At Humana, we want you to get the most from your retirement years. That's why lifelong well-being isn't only our goal - it's our mission.

## Extra Value To Enrich Your Life

You can take advantage of the many extras – such as vision, dental, hearing services, and other discounts we offer with a Medicare Advantage plan **with no additional plan premium**. You'll have access to fitness programs, a nurse hot line, a magazine that highlights retirees like you, and much, much more. It's easy to see where the "advantage" comes in.



# Humana: A Great Value

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## Why Choose Humana?

### Affordable coverage

With a Humana Group Medicare plan, you enjoy all the benefits of Original Medicare – plus extra benefits like coverage for annual physical exams, and extra services. You get all this for a lower premium than you’d pay for most Medicare supplements or “Medigap” plans.

### Easy to use

Just show the provider your Humana ID card each time you receive medical care or services, then pay your copayment or coinsurance – your share of the cost. Best of all, you’ll have virtually no claim forms or paperwork.

### Wide range of benefits and services

Humana Group Medicare plans provide coverage for a wide range of services – from checkups in your doctor’s office to emergency and inpatient hospital care.

With Humana, you’ll get an array of medical benefits. You just need to carry one ID card. Humana also offers special programs and services to help you keep fit and manage your health.

## Take A Closer Look

Now let’s take a closer look at the key features you get with a Humana Group Medicare Employer PPO Plan.

A Humana Group Medicare Employer PPO is a Preferred Provider Organization (PPO) Plan – which means you may pay less out of your pocket and keep your medical expenses more predictable by choosing from a nationwide network of primary care doctors, specialists, and hospitals. You don’t need

a referral to visit any doctor. Your out-of-pocket costs may be lower if you choose in-network providers; higher if you see providers outside your network.

### Key Features:

- Visit any doctor or hospital; may save money by using in-network providers
- Wide choice of doctors, specialists, and hospitals in the network
- No referral needed to see any healthcare provider
- Affordable monthly plan premium
- Low copayments and coinsurance for doctor visits
- Emergency coverage anywhere in the world

To find out whether your doctor is in Humana’s Group Medicare Employer PPO network, call Humana at **the Group Medicare Customer Care phone number listed on the inside front cover of this guide.**

# How Humana Group Medicare Employer PPO Works

## Introduction

This guide gives you an overview of all the great features and benefits of the Humana Group Medicare Employer PPO Plan, a Medicare Advantage Preferred Provider Organization plan.

A Medicare Advantage plan is a health plan option with a Medicare contract, and part of the Medicare program, but run by a private company. All you have to do is show your Humana ID card each time you receive care, pay your copayment or coinsurance (your share of the cost of treatment), and you have almost no paperwork. The coverage is comprehensive – from checkups in the doctor's office to emergency care and hospitalization.

The Humana Group Medicare Employer PPO Plan is a Medicare Advantage plan that gives you more benefits than Original Medicare. Your coverage includes doctor's visits, annual routine physical exams, and hospital stays – without the Medicare deductibles. The plan gives you access to doctors across the country in our network.

This guide tells you about some features of the plan. It doesn't list every service the plan covers, every limitation, or every exclusion. After you enroll, and then annually, you'll receive a complete list of benefits called an "Evidence of Coverage" booklet, which fully explains your plan.



## Features Of Your Coverage

- **Your choice of providers** – You can choose any hospital, doctor, specialist, or other healthcare provider that accepts Medicare – but you may pay less for services from in-network providers.
- **Almost no claims paperwork** – We make it easy for you by working directly with your provider to handle claims for you.
- **Coverage when you travel worldwide** – Emergency room coverage is available, even outside the United States.
- **Annual out-of-pocket limit gives you extra protection** – In Humana Group Medicare Employer PPO Plans, amounts you pay as coinsurance or copayments are limited each benefit plan year. Once you reach this annual out-of-pocket limit, you won't pay any copayments or coinsurance for the rest of the plan year; the plan pays 100 percent of your Medicare-approved amounts for covered expenses. Certain amounts you pay like for benefits administered by a third party, Part D prescription drugs, extra services, worldwide coverage and plan premiums don't count toward this out-of-pocket limit. Please refer to your Evidence of Coverage for more information.

## Get All the Facts About Your Plan

Complete details of your Humana Group Medicare Employer PPO Plan are in the Evidence of Coverage booklet you receive after you enroll. If your questions aren't answered completely, just call Humana at **the Group Medicare Customer Care phone number listed on the inside front cover of this guide.**

## Using the Humana Group Medicare Employer PPO Plan Is Easy!

When you're a member, you'll have a Humana ID card to show you're covered by the Humana Group Medicare Employer PPO Plan. Use this card each time you need care – you can put your Original Medicare card away in a safe place. Think of your Humana ID card as your passport to healthcare.

## Details You Need To Know

You may pay more for covered services received outside the network. Specialists and facilities may require prior authorization from your PCP. Sometimes the selection of in-network providers is limited in certain geographic areas or in some specialties. If the network in your area doesn't offer the specialist you need, you may be allowed to go to a non-network provider at the in-network rate. Call the Customer Care number on your Humana ID card to find out if you qualify and get more instructions. Be sure to contact non-network doctors before you see them to make sure they accept Medicare assignment and have agreed to accept payment from Humana.

## When You Need To See A Doctor

Humana has formed an extensive network of doctors, specialists, and hospitals, so you can choose any doctor you need – a family practitioner, an internist, or a specialist. With the Humana Group Medicare Employer PPO Plan, you can use any doctor who is a part of our network. You can also go to any doctor outside of our network that accepts Medicare, but the cost of services may be higher for you.

Present your Humana ID card when you receive care. Your doctor bills Humana directly for your treatment – that saves you the hassle of filing claims. When you're responsible for a copayment, you pay that amount at the time of service. When you're responsible for paying a portion of the cost (coinsurance), the provider bills you directly.

Our network of providers should be able to address all of your needs. You may choose to go to doctors, specialists, or hospitals that accept Medicare, and are outside the network, but you may have to pay more for the services you receive.

The health providers in our network could change at any time. You can ask for a current Provider Directory for an up-to-date list. Call Group Medicare Customer Care at our phone number listed on the inside front cover of this guide.

## When You Need Hospital Or Outpatient Care

If your doctor recommends a hospital stay or outpatient treatment in a hospital or other treatment facility, present your Humana ID card when you arrive for care. You'll be billed for your share of the costs. When you're responsible for a copayment, you will pay that amount at the time of service. If you owe a coinsurance, you'll be billed for your share of the costs. Humana recommends asking your doctor to notify us of your admission. The healthcare professionals at Humana may have information and special programs your doctor can use to help speed your recovery.

## When You Need Emergency Care

When you have a medical emergency, call 911 for help or go to the nearest hospital emergency room and show your Humana ID card. Your plan covers emergency care at any hospital emergency facility. You don't need a referral from your doctor or authorization from Humana to receive emergency services. Please see the Frequently Asked Questions, near the end of this guide, about the difference between emergency or urgently needed care.



# Our **Commitment To Customer Care**

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Our goal is to give you the information you need to choose a health plan that fits your budget, your health situation, and your lifestyle – and to make sure you get the most from your benefits. But if you have questions or need more details, all you have to do is call.

## **Dedicated Call Center**

We have a call center just for our Group Medicare Advantage members. The center is equipped with state-of-the-art technology and staffed with Customer Care specialists who understand and are sensitive to our plan members' needs. We'll answer your questions – and we may even call you occasionally to remind you of preventive health screenings or tell you about opportunities to save.

For enrollment information or questions about Humana's plan benefits or services, give us a call and let's talk. You can reach our Customer Care team at **the phone number listed on the inside front cover of this guide.**

We're here to help.

## **Is Your Doctor In Humana's Provider Network?**

To find out, call our  
Customer Care line!





# Plan Features To **Manage Your Health**

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## **MyHumana –**

### **Your Personalized Online Plan Information Source**

Make sure to go to **Humana.com** and register for MyHumana as soon as you receive your Humana ID card. MyHumana is your secure Website customized with your plan details, claims, records, and other health benefits information.

With MyHumana, you can:

- Review your plan benefits
- Use health and wellness tools
- Look up your medical claims
- View or print your Evidence of Coverage booklet

## **HumanaFirst® 24 Hour Nurse Advice Line**

If you have questions about symptoms you're experiencing but aren't sure if you need to see your doctor, Humana can help. Call HumanaFirst, our nurse advice line for members, 24 hours a day, seven days a week at 1-800-622-9529 (TTY: 711). It's staffed by nurses who can help address your immediate health concerns and answer questions about particular medical conditions.

### **Why Call HumanaFirst?**

You may not have health concerns or medical questions very often but when you do, call the HumanaFirst Nurse Advice Line. We're your health information and support team:

- If you need a refresher course in changing your bandage after a recent surgery
- If you have a fever at 3:00 in the morning
- If you've been diagnosed with a medical condition such as diabetes or cancer



# Great Benefits for You:

## Award-winning Humana Active Outlook®!



Take advantage of our lifestyle enrichment program. It's offered exclusively for our Medicare members at no extra cost. No matter what your personal health goals are, we can help.

## Health and wellness education designed with you in mind

**Humana Active Outlook** helps you learn to live a healthier, more fulfilled life. Our wide range of information on good health and well-being includes:



### **Thrive!**

*Live Life to the Fullest.*

Get the facts on health conditions and the latest research on healthy aging.



### **Nourish!**

*Eat, Drink, and Be Healthy.*

Discover great tips about managing your weight and keeping your diet nutritious and tasty.



### **Discover!**

*Health Is a State of Mind.*

Improve your mind and memory with self-help, education, and mental exercises.



### **Inspire!**

*Seize the Day.*

Motivate yourself to make healthy, positive changes for your well-being.



### **Nurture!**

*Cherish Your Loved Ones.*

Enhance your grandparent and caregiver experiences.



### **Examine!**

*Get the Most Out of Your Benefits.*

Find out how to use the healthcare system and understand healthcare language.

At Humana, we focus on your lifelong well-being. That's why we offer a variety of products and services designed to help you live the life you want. The following pages show some of what you get with Humana

## Information delivered the way you want it, where you want it

### IN PRINT

- **HAO Magazine**, Our award-winning publication packed with inspiring stories for active, fun, healthy living
- **Live It Up! Digest**, Our specialized publication to help members with chronic conditions manage their health

### SPECIALTY KITS

Available to Humana Medicare Advantage members at no cost for the first copy

- **LifeKeeper Kit** – Advance care planning information and storage kit to help you prepare for general healthcare, palliative or hospice care, or chronic or terminal illness
- **NurtureCare Kit** – Learn to better understand the challenges and rewards of caregiving, plus get tips on caring for yourself as a caregiver and finding additional resources and help

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they aren't subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process.





## Information delivered the way you want it, where you want it

### CLASSES AND SEMINARS

#### Local Health and Wellness Classes

Find out how you can live a healthier lifestyle! Join other members to learn about brain fitness, exercise, managing conditions, and lots more. Past classes have included:

- Technology and Brain Health
- Small Steps to a Healthy Lifestyle
- Seniors and Fitness
- Heart Health
- Relationships as We Age



#### National Health Education Seminars

Watch informative presentations on condition-specific topics such as diabetes or osteoporosis, get a health screening, hear the latest information on health conditions, and talk with professionals who can answer questions.

### ONLINE

#### HumanaActiveOutlook.com

Your Web source for custom health and wellness information and interactive tools



### MARKETPLACE

Special value offers just for members  
Get discounts on health and wellness products from national partners

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## Special programs to meet your individual health needs

### QuitNet Comprehensive

Tobacco cessation program with nicotine replacement therapy, phone counseling, and Website support

### Well Dine

After your overnight stay in the hospital or nursing facility, you are eligible for ten nutritious, precooked frozen meals delivered to your door at no cost to you. To arrange for this service, simply call 1-866-96MEALS (1-866-966-3257; TTY: 711) after your discharge and provide your Humana member ID number, and other basic information. A Humana representative will assist you in scheduling your delivery. Not available to members who reside in Alaska and Hawaii.

### Humana Fitness

Fun exercise classes and workout programs, such as SilverSneakers® and Silver&Fit™, to help you boost muscle tone, strength, and energy while meeting others

### Heal!

Personalized health support that may help you:

Manage chronic health conditions such as:

- Diabetes
- Cardiovascular disease
- Cancer
- Respiratory disease

Work toward wellness with programs such as:

- Weight management
- Healthy living with chronic conditions
- Back health and care

### Humana Cares

When you're diagnosed with complex health conditions such as diabetes, congestive heart failure, cancer, and Alzheimer's, you may receive long-term care management and personalized communications to help you better manage your condition.

### LifeWorks

Assistance through the Internet or telephone with everyday health-related issues and life transitions.

Specially trained senior consultants offer guidance on issues such as:

- Independent living and elder care options
- Managing stress
- Developing a healthy retirement attitude



## **SilverSneakers®** (where available)\*

When you become a Humana Group Medicare Employer PPO Plan member, you can take part in the innovative SilverSneakers® Steps program or the SilverSneakers® Fitness Program at **no additional cost**. Either program gives you a great way to stay physically active, make new friends, and help maintain an independent, healthy lifestyle!

With SilverSneakers, you have free access to amenities like treadmills, weights, heated pools, and fitness classes that are included with a basic fitness center membership. After discussing with your doctor, you can take signature SilverSneakers classes designed specifically for older adults and taught by certified instructors. Additional SilverSneakers options may be available at selected fitness centers as your fitness level progresses. A designated fitness center staff member called a Senior Advisor<sup>SM</sup> will help you along the way.

SilverSneakers members have access to more than 2,200 participating fitness centers. Once you're a SilverSneakers member, you can use any participating location in the nation. Visit **Silversneakers.com** to view lists by state, or for more details contact us at the Group Medicare Customer Care phone number on the inside front cover of this guide.

**If a participating SilverSneakers fitness center is more than 15 miles from your home, check out the SilverSneakers Steps program!**

**SilverSneakers Steps** is a self-directed, pedometer-based physical activity and walking program that allows you to measure, track, and increase your activities. Steps provides the equipment, tools, and motivation necessary for you to achieve a healthier lifestyle through increased physical activity.

**Get fit, have fun,  
make friends!**

**Humana knows you care about your health.** That's why we offer the SilverSneakers Fitness Program or SilverSneakers Steps as part of our many additional benefits. Go to **Silversneakers.com** or call today to find out more.

*\* If you live in Arizona, Nevada, or Pennsylvania, please see the next page for more information.*





## Silver&Fit™

If you live in Arizona, Nevada, or Pennsylvania, Silver&Fit and Silver&Fit@Home™ is available for you!

Silver&Fit is a program designed for senior adults that incorporates exercise and health education to empower seniors to become physically fit. Silver&Fit includes:

- Basic membership at a local participating fitness club, which includes access to equipment such as weights and cardiovascular and resistance training equipment
- Group fitness classes designed specifically for seniors that focus on aerobic, flexibility and strength-training exercises
- Healthy aging classes with educational materials to help you make better health decisions
- Community social activities
- Toll-free member hot line
- Quarterly newsletter

## Interested?

For more details, call the Group Medicare Customer Care number on the inside front cover of this guide.

Silver&Fit@Home is a home-based fitness and health education program for members who either don't have access to a participating Silver&Fit fitness club or prefer to exercise at home. Silver&Fit@Home offers a choice of either an exercise program or a walking program.

### Exercise Program

- Hand weights
- Resistance bands
- Instructional exercise DVD plus new programs each quarter
- Quarterly newsletter
- Toll-free member hot line

### Walking Program

- Pedometer
- Activity-tracking tools
- Quarterly newsletter
- Toll-free member hot line

# Frequently Asked Questions

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## **How Can I Compare The Humana Group Medicare Employer PPO Plan To Original Medicare?**

You can compare Humana Group Medicare Employer PPO and Original Medicare using the “Summary of Benefits” in your enrollment folder. We think you’ll like what you see. The charts list some important health benefits. For each benefit, you can see what our plan covers and what Original Medicare covers.

Our members receive all of the benefits Original Medicare offers, plus additional benefits, which may change from year to year.



## **When Will My Membership Benefits Begin?**

Check with your benefits administrator for the proposed effective date of your enrollment. You’ll receive a letter from Humana confirming your enrollment after the Centers for Medicare & Medicaid Services (CMS) provide their approval. It’s important to continue your current healthcare coverage until your enrollment in Humana’s Medicare Advantage plan has been confirmed. Some overlap in coverage may occur.



## **Who Do I Call If I Have Questions About My Plan?**

Customer Care specialists are available to provide guidance if you have a question or problem. Simply call your dedicated Group Medicare Customer Care phone number listed on the inside front cover of this guide.



## **Do I Need To Select A Primary Care Physician For Humana’s PPO Plan?**

No. With the Humana Group Medicare Employer PPO Plan, you don’t need to choose a primary care physician. You can see any doctor who participates in the Humana network and save money, or any doctor outside of the network and may pay more for your care. However, it’s always a good idea to have one doctor to coordinate your care, who knows your medical history, any medications you take, and your personal preferences in healthcare. At a minimum, be sure to check that the doctor you choose accepts Original Medicare.



## **I’d Like To Consult A Specialist Who’s Listed In My Provider Directory. Can I See That Doctor?**

If you have Humana Group Medicare Employer PPO Plan, you can see any specialist that accepts Medicare without a referral. Just remember that you may save money by using a specialist in the network.



## **What If I Want A Second Opinion?**

You can see any Medicare doctor you choose. Just remember that you may have lower copayments or coinsurance if you use doctors who participate in the network.



## **Do I Need To Give Both My Humana ID Card And My Medicare ID Card To My Doctor Or Hospital?**

No. After your Humana Group Medicare Employer PPO Plan coverage begins, you shouldn’t present your Medicare ID card to any provider; your Humana card is the only card you should need.

Keep your Medicare ID card in a safe place – or use it only when it’s needed for discounts and other offers from retailers.



### What Do I Show If My ID Card Has Not Yet Arrived Or I Don't Have It With Me?

You should use your completed enrollment form if you haven't received your card.

If you have no proof of membership, you can call Group Medicare Customer Care to verify your benefits. In the rare case your enrollment form hasn't been processed and you aren't in the Humana system yet, you may have to submit a claim for reimbursement.



### What Should I Do If I Have To File A Claim?

To request reimbursement for a charge you paid for a service, just send the provider's itemized receipt and a copy of your Humana ID card to the claims address on the back of the ID card. Make sure the receipt includes your name and Humana member ID number.



### What If I Have Coverage Through Other Health Insurance?

If you have other health insurance coverage, show your Humana ID card, in addition to all other insurance cards, when you see a healthcare provider.

The Humana Group Medicare Employer PPO Plan may be used in combination with other types of health insurance coverage you may have. This is called "coordination of benefits."



### What's The Difference Between Emergency And Urgently Needed Care?

**Emergency care** means medical conditions that are severe or cause severe pain. The severity of these symptoms or pain would lead a person with average knowledge of health and medicine to reasonably expect that immediate medical attention is needed to prevent any of the following:

- Serious risk to your health
- Serious damage or impairment to the functioning of your body
- Serious dysfunction of any organ or part of your body

#### Examples of covered emergency services include:

- Chest pain
- Difficulty breathing
- Severe burns
- Penetrating wounds
- Vomiting blood

**Urgently needed care** means covered services that are medically necessary due to an unforeseen illness, injury, or condition. Remember, if your need for care while out of the service area can be foreseen, it's not considered urgently needed care. Therefore, Humana won't pay for these services. For example, if a member who needs oxygen therapy travels outside the service area, the oxygen therapy wouldn't qualify as urgently needed care and the service cost wouldn't be paid.





## What Should I Do In The Case Of Emergency?

### Emergency care

When you have a medical emergency, call 911 for assistance or go to the nearest emergency room or the nearest hospital for immediate treatment. You're covered for emergency care wherever you are. You don't need a referral from your primary care physician or authorization from Humana to receive emergency services. It's important for either you or the facility where you're receiving emergency care to notify Humana or your primary care physician as soon as you're stabilized so that your primary care physician is involved in planning any follow-up care.

If an emergency situation arises, you are covered. You may go to any doctor, specialist, immediate care facility or hospital. If you use a hospital emergency room, you would only be required to pay your copayment, whether you use a network or non-network hospital. However, if you use an emergency room at a non-network hospital and need to be admitted to the hospital, you may be required to pay the out-of-network benefits.

In the case of urgently needed care, you are covered. You may go to any doctor, specialist, immediate care facility or hospital. When you receive services from a network provider, your costs may be lower than if you receive care from a non-network provider.



## What Should I Do If I Move?

If you change your physical address, it may affect your plan. Please contact your group benefits administrator for details.



## Can My Membership Be Canceled By The Plan?

Your membership can't be canceled because of age or health. Your membership can only be canceled by Humana if:

- You become ineligible for Medicare Part B coverage or you are no longer enrolled in Part A. (For Part B plans, you become ineligible for Medicare Part A coverage, or you are no longer enrolled in Part B.)
- You or your group benefits administrator fail to pay any monthly plan premiums (if applicable).
- You engage in fraudulent or disruptive behavior that affects your health or the health of other members.
- Your group benefits administrator notifies Humana that you're no longer eligible for their group plan. In most cases, Humana will transfer your coverage to a Humana Individual Medicare Advantage plan, if available, so you'll not lose your healthcare coverage.
- Your group benefits administrator notifies Humana that they are canceling their group coverage with Humana. They will decide whether to cancel coverage completely, or allow Humana to transfer your coverage to a Humana Individual Medicare Advantage plan, if available.
- Our annual contract with CMS isn't renewed in the service area where you reside. If this happens, Humana will notify you in advance.



### **If I Lose Or Cancel My Humana Group Medicare Employer PPO Plan Coverage, Can I Still Be Covered By Medicare?**

Yes, you can return to coverage by Original Medicare (Parts A and B). Please notify your benefits administrator if you decide to cancel your coverage.



### **What Are My Protections In This Plan?**

If the plan ever denies your claim or a service, we'll explain our decision to you. You always have the right to appeal and ask us to review the denied claim or service. If a decision isn't made in your favor, an independent organization that works for Medicare will review your appeal.

# Glossary

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**Coinsurance.** The amount you may be required to pay for services after you pay any plan deductibles. In Original Medicare, this is a percentage (like 20 percent) of the Medicare approved amount. You have to pay this amount after you pay the deductible for Part A and/or Part B.

**Copayment.** In some Medicare health plans, the amount you pay for each medical service, like a doctor's visit, or prescription. A copayment is usually a set amount you pay. For example, this could be \$10 or \$20 for a doctor's visit or prescription. Copayments are also used for some hospital outpatient services in Original Medicare.

**Deductible.** The amount you must pay for healthcare before Original Medicare or other insurance begins to pay. For example, in Original Medicare, you pay a new deductible for each benefit period for Part A, and each year for Part B. These amounts can change every year.

**Licensed representative.** Certified representatives of Humana/MarketPOINT who hold a state insurance license. Only licensed representatives may answer questions about the features and benefits of the Humana Group Medicare Employer PPO Plan before coverage begins.

**Medicare Advantage.** A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits (For Part B plans, A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits, available to anyone entitled to Part A and enrolled in Part B of Medicare.). Medicare Advantage Plans are HMOs, PPOs, or Private-Fee-for-Service Plans. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plans, and are not paid for under Original Medicare.

**Medicare-approved amount.** In Original Medicare, this is the amount a doctor or supplier can be paid, including what Medicare pays and any deductible, coinsurance, or copayment that you pay. It may be less than the actual amount charged by a doctor or supplier.

**Original Medicare.** A fee-for-service health plan that lets you go to any doctor, hospital, or other healthcare supplier who accepts Medicare and is accepting new Medicare patients. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). In some cases you may be charged more than the Medicare-approved amount. Original Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

**Out-of-pocket costs.** Any amounts you may have to pay out of your pocket for most plans, such as deductibles, copayments or coinsurance.

**Out-of-pocket limit.** The maximum amount of covered expenses you pay in a calendar year for most plans. Once you reach your annual out-of-pocket limit, the Humana Group Medicare Employer PPO Plan pays 100 percent of the Medicare-approved amount for most covered charges. Certain amounts you pay like for benefits administered by a third party, Part D prescription drugs, extra services, worldwide coverage and plan premiums don't count toward this out-of-pocket limit. Please refer to your Evidence of Coverage for more information.

**Preferred Provider Organization (PPO).** A type of Medicare Advantage Plan in which you may pay less if you use doctors, hospitals, and providers that belong to the network.

**Premium.** The periodic payment to Medicare, an insurance company, or a healthcare plan for healthcare or prescription drug coverage.



# Notice Of Privacy

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.**

Relationships are built on trust. One of the most important elements of trust is respect for an individual's privacy. We at Humana value our relationship with you, and we take your personal privacy seriously.

This notice explains Humana's privacy practices, our legal responsibilities, and your rights concerning your personal and health information. We follow the privacy practices described in this notice and will notify you of any changes.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

## **What is personal and health information?**

Personal and health information - from now on referred to as "information" - includes both medical information and individually identifiable information, like your name, address, telephone number, or Social Security number. The term "information" in this notice includes any personal and health information created or received by a healthcare provider

or health plan that relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare. We protect this information in all formats including electronic, written and oral information.

## **How does Humana protect my information?**

In keeping with federal and state laws and our own policy, Humana has a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our associates about company privacy policies and procedures

## **How does Humana use and disclose my information?**

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services
- Where required by law.

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments
- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of

healthcare professionals, and determining premiums

- For performing underwriting activities. However, we will not use any results of genetic testing.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations such as to allow your plan sponsor to obtain bids from other health plans. We will not share detailed health information to your plan sponsor unless you provide us your permission or your plan sponsor has certified they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you
- To your family and friends if you are unavailable to communicate, such as in an emergency
- To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation
- To public health agencies if we believe there is a serious health or safety threat
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence
- In response to a court or administrative order, subpoena, discovery request, or other lawful process
- For law enforcement purposes, to military authorities and as otherwise required by law
- To assist in disaster relief efforts

- For compliance programs and health oversight activities
- To fulfill Humana's obligations under any workers' compensation law or contract
- To avert a serious and imminent threat to your health or safety or the health or safety of others
- For research purposes in limited circumstances
- For procurement, banking, or transplantation of organs, eyes, or tissue
- To a coroner, medical examiner, or funeral director.

### **Will Humana use my information for purposes not described in this notice?**

In all situations other than described in this notice, Humana will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission.

### **What does Humana do with my information when I am no longer a Humana member or I do not obtain coverage through Humana?**

Your information may continue to be used for purposes described in this notice when your membership is terminated or you do not obtain coverage through Humana. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

### **What are my rights concerning my information?**

The following are your rights with respect to your information:

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management

records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, a per hour charge for staff time to locate and copy your information, and postage.

- Adverse Underwriting Decision – You have the right to be provided a reason for denial or adverse underwriting decision if Humana declines your application or insurance.\*
- Alternate Communications – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life threatening situation. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request an amendment of information we maintain about you if you believe the information is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations, and certain other activities. Effective April 1, 2003 or whenever you became a Humana member, Humana began maintaining these types of disclosures and will maintain this information for a period of six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- Notice – You have the right to receive a written copy of this notice any time you request.
- Restriction – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

## **How do I exercise my rights or obtain a copy of this notice?**

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762 at any time
- Accessing our Website at **Humana.com** and going to the Privacy Practices link
- E-mailing us at [privacyoffice@humana.com](mailto:privacyoffice@humana.com)

Send completed request form to:

Humana Inc.  
Privacy Office 003/10911  
101 E. Main Street  
Louisville, KY 40202

## **What should I do if I believe my privacy has been violated?**

If you believe your privacy has been violated in any way, you may file a complaint with Humana by calling us at: 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to e-mail your complaint to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

Humana follows all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules, and regulations conflict, Humana follows the law, rule, or regulation which provides greater member protection.

The following affiliates and subsidiaries also adhere to Humana's privacy policies and procedures:

American Dental Plan of North Carolina, Inc.	The Dental Concern, Inc.
American Dental Providers of Arkansas, Inc.	The Dental Concern, Ltd.
CarePlus Health Plans, Inc.	
Cariten Health Plan, Inc.	
Cariten Insurance Company	
CompBenefits Company	
CompBenefits Dental, Inc.	
CompBenefits Insurance Company	
CompBenefits of Alabama, Inc.	
CompBenefits of Georgia, Inc.	
CorpHealth, Inc. dba LifeSynch	
Corphealth Provider Link, Inc.	
DentiCare, Inc.	
Emphesys, Inc.	
Emphesys Insurance Company	
HumanaDental Insurance Company	
Humana AdvantageCare Plan, Inc. fna	
Metcare Health Plans, Inc.	
Humana Benefit Plan of Illinois, Inc.	
fna OSF Health Plans, Inc.	
Humana Employers Health Plan	
of Georgia, Inc.	
Humana Health Benefit Plan of Louisiana, Inc.	
Humana Health Insurance Company	
of Florida, Inc.	
Humana Health Plan of California, Inc.	
Humana Health Plan of Ohio, Inc.	
Humana Health Plan of Texas, Inc.	
Humana Health Plan, Inc.	
Humana Health Plans of Puerto Rico, Inc.	
Humana Insurance Company	
Humana Insurance Company of Kentucky	
Humana Insurance Company of New York	
Humana Insurance of Puerto Rico, Inc.	
Humana Medical Plan, Inc.	
Humana Medical Plan of Utah, Inc.	
Humana Pharmacy, Inc.	
Humana Wisconsin Health Organization	
Insurance Corporation	
Managed Care Indemnity, Inc.	
Preferred Health Partnership of Tennessee, Inc.	



## About **Humana** – A Fortune 100 company

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Humana Inc., headquartered in Louisville, Kentucky, is one of the nation's largest publicly traded health and supplemental benefits companies, with more than **10 million medical members**, including **more than 3 million Medicare Advantage and stand-alone prescription drug plan members** throughout the United States and Puerto Rico. **Humana is a full-service health benefits solutions company**, offering a wide array of health and supplemental benefit plans for employer groups, government programs, and individuals.

**With nearly 50 years of experience** in the health industry, Humana offers programs in the areas of wellness and chronic disease management for our members. In addition to providing health benefits, we **educate members about their choices** and **guide them to make informed decisions** about their health coverage and care. To find out more about Humana, visit **Humana.com**.



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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.





A Health plan with a Medicare contract, available to anyone enrolled in both Part A and Part B of Medicare. (For Part B plans, available to anyone entitled to Part A and enrolled in Part B of Medicare.) The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. You must continue to pay your Medicare Part B premium. Limitations, copayments, and restrictions may apply.

This document is available in alternative formats or languages. Please call customer care at 1-866-396-8810 (TTY: 711), seven days a week from 8 a.m. to 8 p.m. If you're asked to leave a message, we'll call you back by the end of the next business day.

Este documento también está disponible en otros formatos e idiomas. Llame al departamento de Atención al Cliente al 1-866-396-8810 (TTY: 711) los siete días de la semana, de 8 a.m. a 8 p.m. Si usted deja un mensaje, le devolveremos la llamada durante el próximo día hábil.